

159334

HSE-55 Brown nose
Z 411 900 376

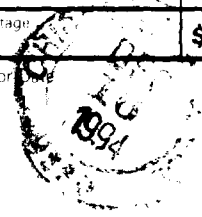


Receipt for
Certified Mail
No Insurance Coverage Provided
Do not use for International Mail

Village of Sauget
2897 Falling Springs Road
Sauget, IL 62206

PS Form 380

Postage	\$ 98
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	100
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 298
Postmark or Date	



Sauget 0 11/10/94

VILLAGE SAUGET

Fold

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Village of Sauget
2897 Falling Springs Road
Sauget, IL 62206

5. Signature (Addressee)

6. Signature (Agent)

Betty Wilson

Sauget Q not 1104

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2411 900 376

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

12-19-94

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.